

**BY ORDER OF THE COMMANDER
AIR EDUCATION AND TRAINING
COMMAND**



**AIR EDUCATION AND TRAINING
INSTRUCTION 40-105**

15 OCTOBER 2013

Medical Command

**BIOGRAPHICAL EVALUATION AND
SCREENING OF TRAINEES (BEST)
PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 40-1, *Health Promotion*, 17 December 2009. It provides responsibilities, policies and procedures for the Biographical Evaluation and Screening of Trainees (BEST). The BEST Program encompasses the use of screening and interview procedures during basic military training (BMT) to identify and evaluate recruits with mental health and behavioral issues. This publication also applies to the Air National Guard and the Air Force Reserve Command. It requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by Title 10, USC, Section 8013, Secretary of the Air Force. Information collected is for official use only. Air Force systems of records notice F036 AF A, *Biographical Data and Automated Personnel Management*, applies and is available at <http://dpclo.defense.gov/privacy/SORNS/SORNS.html>. Requests to release Privacy Act information to persons or agencies outside of the Department of Defense must comply with AFI 33-332, *Privacy Act Program*; DoD 5400.7-R/*Freedom of Information Act Program* and the Health Insurance Portability and Accountability Act of 1996. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through AETC/SG (aetc.sgworkflow@us.af.mil). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) maintained in the Air Force Records Information Management System (AFRIMS). See **Attachment 1** for a glossary of references and supporting information.

1. Objectives.

1.1. Evaluate Air Force trainees at service entry for mental health and behavioral risk factors.

1.1.1. Apprise 2nd AF of those trainees with significant risk factors to facilitate appropriate classification, maximizing opportunity for trainee success in the Air Force.

1.1.2. Make appropriate referrals for medical, substance abuse, and mental health evaluations. These referrals would be voluntary for trainees, with the exception that a trainee who is psychotic or imminently suicidal or homicidal will be sent to the San Antonio Military Medical Center for an evaluation IAW AFI 44-109, *Mental Health, Confidentiality, and Military Law*.

1.2. Improve resilience, mental health, and behavioral problem assessment procedures. Determine the potential of new instruments for screening.

2. Responsibilities.

2.1. HQ AETC/A1 shall:

2.1.1. Prescribe Airmen separations and classification policies and procedures.

2.2. HQ AETC/SG shall:

2.2.1. Advise HQ AETC/A1 on medical aspects of the program.

2.3. HQ AETC/JA shall:

2.3.1. Guide and assist HQ AETC/SG, HQ AETC/A1, and HQ AETC in managing the legal aspects of the program.

2.4. HQ AETC/SG shall:

2.4.1. Authorize and fund the execution and administration of the BEST Program.

2.5. 2AF, Det 1 shall:

2.5.1. Code the biographical questionnaire with results of BEST Program phase II screen.

2.5.2. Utilize this information during the classification interview to make the best person/job match.

2.6. 59th Medical Wing shall:

2.6.1. Oversee the BEST Program and help formulate relevant program policies and procedures.

2.6.2. Manage and execute the BEST Program.

2.6.3. Provide a system manager to manage and maintain the central data base.

2.7. 37th Training Wing shall:

2.7.1. Help formulate the BMT component of BEST Program policies and procedures.

2.7.2. Collect and provide attrition-related information for each recruit who does not graduate from BMT.

2.7.3. Provide facilities and scheduling support for the BMT component of the BEST Program.

3. BEST Program. The BEST Program consists of two components (1) an operational clinical screening and interview component which will be the responsibility of 559 MDOS/SGPL and 559 MDOS/SGPK and (2) a large-scale studies and analysis component which will be the responsibility of 559 MDOS/SGPL.

3.1. Component I, Operational Screening and Interviews. This component occurs during BMT.

3.1.1. Phase I screening is mandatory for all trainees and occurs during the first 72 hours of in-processing. The screening questionnaire will be administered by 559 MDOS/SGPL, Psychology Research Service (PRS) to all recruits. Responses to mental and behavioral health questions will be used to identify individuals with behavioral or mental health issues. Trainees are told that the information obtained can be used for routine purposes related to job classification, administrative discharge, and referrals for further evaluation. Trainees who report the most significant problems on the questionnaire are sent for Phase II screening.

3.1.2. Phase II screening is mandatory for those trainees referred to in the last sentence of paragraph 3.1.1 and occurs no later than the end of week 1 of BMT. Interviews will be conducted by mental health technicians to clarify responses on the screening questionnaire. A PRS or Behavioral Analysis Service (BAS) psychologist will review the questionnaire and mental health technician interview results. The PRS/BAS psychologist can recommend disqualification from sensitive occupations. A recommendation of “disqualify from sensitive skills” will be sent to 2AF, Det 1. In addition, the psychologist will make referrals for medical, substance abuse, and mental health evaluations. All referrals generated as a result of the Phase II process are voluntary and require informed consent by trainees, with the exception of those who are psychotic or at imminent risk for harming self or others IAW AFI 44-109 and DoDI 6490.04, *Mental Health Evaluations of Members of the Military Services*. Trainees who report acute medical problems will be referred to Trainee Health at Reid Clinic. Those who endorse problematic substance use will be referred to Personnel Psychological Assessment (PPA). Trainees who are in need of a mental health evaluation, but who do not need to be evaluated for a psychiatric hospitalization, will receive a referral to BAS for a Phase III evaluation. Trainees who are at imminent risk for a psychotic episode or for harming self or others will be sent to the San Antonio Military Medical Center IAW AFI 44-109 and DoDI 6490.04. Lastly, all encounters will be documented in the trainee’s outpatient medical record.

3.1.3. Phase III evaluations are conducted by BAS psychology providers. Either informed consent must be obtained or follow procedures as directed in AFI 44-109. The evaluations will be conducted on the same day as the referral when a trainee is at risk for harming self or others. For other recruits, Phase III evaluations will occur within two duty days. Based on their initial evaluation, the BAS psychology providers can return trainees to duty or have them return to the clinic for additional evaluation or treatment. If

necessary they can also refer trainees for an evaluation for psychiatric hospitalization. BAS psychologists may send clinical recommendations to the trainee's squadron commander. They can recommend an administrative separation under AFI 36-3208, *Administrative Separation of Airmen*, or AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

3.1.4. All mental health referrals will be made in accordance with the requirements of AFI 44-109.

3.2. Component II, Large-Scale Studies and Analyses.

3.2.1. Conduct studies and analyses for two broad reasons:

3.2.1.1. To provide information on the resilience, mental health, and behavioral problems of past and current Airmen.

3.2.1.2. To evaluate the effectiveness of assessment, screening and selection processes for enlistment, assignment, deployment and retention.

3.2.2. Individual medical, personnel and behavioral records will be obtained to provide information and permit analysis. These records will use the Airman's Social Security Number for identification and will include Airman formerly and currently serving in military positions.

3.2.3. Per DoD guidance, written agreements will be required for all data sets received that contain Personally Identifiable Information (PII). These agreements may be Memorandum of Agreements (MOA), Data Use Agreements (DUA), or Memorandum of Understandings (MOU) but at a minimum will cover the protection of the data, the reason for collecting the data, and use and disposition of the data.

3.2.4. The BEST Program will follow guidance in AFI 33-332 with regard to PII. The number of individuals having access to PII will be restricted and PII elements will be removed from analysis files whenever possible.

3.2.5. The Chief of PRS will advise all programmers and analysts of the sensitive nature of the information. Analysts and programmers sited at the Defense Manpower Data Center (DMDC) and JBSA Lackland TX will complete annual Privacy Act Training and Information Awareness Training prior to gaining access to data sets. Similarly, for research studies, all Investigators and Associate Investigators will complete Institution Review Board (IRB) approved training prior to gaining access to data sets.

3.2.6. Studies which add time to the BMT Program require 737 TRG/CC approval.

3.2.7. The BEST Program studies, analyses and findings will be presented to the 59th Medical Wing and AFMOA, and, when appropriate, shared with the AFMS and AF via published reports, briefings, articles, book chapters, and/or analytic notes. All results will be subject to Air Force management, Public Affairs requirements and peer review.

4. Policies.

4.1. Only trained mental health personnel and qualified PRS/BAS psychologists will conduct the operational clinical interviews.

- 4.2. No recommendation for separating individuals will be made solely on the basis of the questionnaire and a mental health technician interview.
- 4.3. Squadron instructors and commanders cannot view the questionnaire raw data.

ROBERT I. MILLER, Colonel, USAF, MC, SFS
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Command

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 33-332, *Air Force Privacy Program*, 16 May 2011

AFMAN 33-363, *Management of Records*, 1 March 2008

AFI 36-3208, *Administrative Separation of Airmen*, 9 July 2004

AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, 14 April 2005

AFPD 40-1, *Health Promotion*, 17 December 2009

AFI 44-109, *Mental Health, Confidentiality, and Military Law*, 1 March 2000

DoD 5400.7-R/*Freedom of Information Act Program*, 24 June 2002

DoD Instruction 6490.04, *Mental Health Evaluations of Members of the Military Services*, 4 March 2013

Title 10, U.S.C., Section 8013, *Secretary of the Air Force*

The Privacy Act of 1974

Prescribed Forms

None.

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

BAS—Behavioral Analysis Service

BEST—Biographical Evaluation and Screening of Troops

BMT—basic military training

DMDC—Defense Manpower Data Center

DUA—Data Use Agreements

IRB—Institution Review Board

MOA—Memorandum of Agreements

MOU—Memorandum of Understanding

PII—personally identifiable information

PRS—Psychology Research Service